



BARBARA K. CEGAVSKE
 Secretary of State
 Elections Division
 101 North Carson Street, Suite 3
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JAN 15 2016

SECRETARY OF STATE
 ELECTIONS DIVISION

#2258

State of Nevada
Committee for Political Action
(PAC)
Registration Form
 Page 1

ABOVE SPACE IS FOR OFFICE USE ONLY

☐ New Registration ☐ PAC (Advocating Passage or Defeat of a Ballot Question)

☒ Annual (Due on or before January 15th of each year; NRS 294A.230(4)(b))

☐ Amended Registration: ☐ Change Officers ☐ Change Registered Agent ☐ Change Address
 check all that apply

☐ Change Name ☐ Previous Name of PAC

☐ Other:

Name of Committee:

Sunrise Leadership Fund

Telephone:

Mailing Address:

3204 Osage Ave

Street Name, Number

Las Vegas

City

NV 89101

State Zip Code

PAC Active Email Address: electmodenis@gmail.com

PURPOSE: Briefly state the purpose for which the PAC was organized.

To support the election of new leaders to state offices.

REGISTERED AGENT: pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent:

Moises Denis

Telephone:

702-657-6857

Physical Address:

3204 Osage Ave

Street Name, Number

Las Vegas

City

NV 89101

State Zip Code

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

X

Moises Denis

Signature of Registered Agent

Date:

1-15-2016



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OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title:

Telephone:

Moises Denis, President

702-657-6857

Mailing Address:

3204 Osage Ave

Las Vegas

NV 89101

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Diana Gale, Administrator

702-657-6857

Mailing Address:

3204 Osage Ave

Las Vegas

NV 89101

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

SUBMITTED BY:

X

Moises Denis

Printed Name:

Moises Denis

Date:

1-15-2016

Telephone:

702-657-6857

Signature of Representative of Group

EL400

Revised: 11-5-15